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LETTERS TO THE EDITOR



(The Editor is not responsible for opinions expressed in this Department.)

LEAD NIPPLE SHIELDS

DEAR EDITOR: One of the most excruciating things for young mothers to endure is cracked nipples, and, when one has nobly done her duty to her husband and to the state, her sufferings should be minimized, in order to induce her to continue. At one time we cry out about race suicide, and yet at another, when a mother's nipples are fissured, we dress them with alcohol and rough gauze compresses, every act of the patient's being regulated for the welfare of the baby. If a lusty, red-faced, yelling ten-pound breast-pump were laid in any person's arms regularly every two hours, only to *hold* and to *hear*, he would go stark staring mad in one day. What, then, about having the most exquisite agony in the world scheduled for one, at regular intervals for two or three weeks?

Lead nipple shields are about two inches in diameter, small leaden discs, weighing about $\frac{1}{2}$ oz. each, turned on a lathe, in the shape of a farmer's straw hat. They are to be worn only between nursings, and there is no hole in the top to permit milk to pass through. They require washing and boiling while the baby is nursing, and the mother's nipples must be cleansed thoroughly with boric acid solution, 2 per cent., on cotton sponges, before and after nursing. The steady oozing of the mother's milk forms on the inner surface of the shield a *lactate* of lead which will heal the most obstinate fissure, and will permit the mother to nurse directly and with moderate ease on the affected side in only 24 hours. So many have been made happy by this simple old English device, and that most beautiful function of young motherhood has been so easily diverted into its normal channel, that I recommend the lead nipple shields, or, as one affectionately called them, her "gray goggles," to all who are interested in obstetrics.

A. A.

New York.

THE NURSE IN THE COUNTRY HOME

DEAR EDITOR: Knowing that the average nurse on graduation looks forward with a little apprehension to her country cases, I want to give her a few suggestions that may help to smooth her path a little. I was born on a farm and lived there the first 18 years of my life, so I started my work with no illusions as to country life. I was familiar with its disagreeable as well as its agreeable features.

The nurse should not think for a moment that she is alone in her apprehensions. The average housewife looks with no little misgiving upon the advent of the trained nurse, for we are a comparatively new institution in rural communities.

One quality the nurse must cultivate which will help her and help the family, and that is the ability to make herself one of the people wherever she is. I don't mean she should go into a home with a gushing air of friendliness, but I do mean she should not assume a "stand-off-don't-touch-me" manner. She should start in on her work in a quiet manner, upsetting the regular routine of